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Date: July 11, 2005**CONFIDENTIALITY NOTE**

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FROM: Robyn Wagner
RE: Change of Correspondence Address Request
REF. NO.: CFSTP015
APPLICATION NO.: 10/645,550
NO. PAGES: 2

MESSAGE:

Dear Official Fax Filing:

Please accept the enclosed Power of Attorney by Assignee and Revocation of Previous, Change of Correspondence Address Request, for the above-referenced application.

Best Regards,



Robyn Wagner

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PTO/SB/82 (04-05)

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REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/645,550
Filing Date	August 22, 2003
First Named Inventor	Kevin W. Jameson
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	CFSTP015

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 21912☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

21912


OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
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Telephone			Email		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Kevin W. Jameson				
Date	June 2 2005		Telephone	403 547 7660	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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